

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 437166

**Entity Name:** RAMOS' ONE WAY EXTERMINATORS, INC.

**Current Principal Place of Business:**

14310 SW 8 ST  
#941794  
MIAMI, FL 33194

**Current Mailing Address:**

P.O. BOX 941794  
MIAMI, FL 33194 US

**FEI Number: 59-1485984**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RAMOS, JOSEPH AJR  
14310 SW 8 ST  
#941794  
MIAMI, FL 33194 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name RAMOS, JOSEPH AJR  
Address P.O. BOX 941794  
City-State-Zip: MIAMI FL 33194

Title VT  
Name RAMOS, KARINA  
Address P.O. BOX 941794  
City-State-Zip: MIAMI FL 33194

Title S  
Name RAMOS, DYLAN  
Address P.O. BOX 941794  
City-State-Zip: MIAMI FL 33194

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSEPH RAMOS**

**PRESIDENT**

**03/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date